

This form **MUST** be completed by the Financial Aid Representative at the applicable training provider. Please return by fax or mail to the Workforce Development office.

## YOUTH PROGRAM FINANCIAL AID VERIFICATION

**GEORGIA MOUNTAINS WORKFORCE DEVELOPMENT**  
**2481 HILTON DRIVE, SUITE 8, GAINESVILLE, GEORGIA 30501**  
**(770) 538-2727 • (770) 538-2729 FAX**

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

The student indicated above **applied** for Financial Aid assistance to attend:

\_\_\_\_\_ on \_\_\_\_\_  
School Date

Campus Location: \_\_\_\_\_

The following Financial Aid, identified by source and semester amount, has been approved, pending full time registration:

PELL _____	HOPE _____
SEOG _____	OTHER _____

These amounts have been approved for the following semesters:

Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_

If the student maintains satisfactory progress and an acceptable grade point average, similar financial aid may be expected for the student's remaining semesters of attendance. ☐ Yes ☐ No

The student's program of study is: \_\_\_\_\_.

Expected completion date for this student is: \_\_\_\_\_.

\_\_\_\_\_  
Name of Financial Aid Officer / Title

\_\_\_\_\_  
Signature of Financial Aid Officer

\_\_\_\_\_  
Date

I grant my permission for the release of this information to the Georgia Mountains Workforce Development.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date